

EXHIBIT 28

SUPPLEMENTAL EXPERT REPORT OF DR. CRAIG MOLGAARD

1. On June 17, 2009, the Environmental Protection Agency designated the Libby area of Montana as a Public Health Emergency.¹ This was the first such public health emergency designated in the history of the United States. This means that the public health situation regarding asbestos related disease and mortality in Libby is extremely serious, with public health surveillance carried out by the National Institute of Occupational Safety and Health showing abnormally elevated age-adjusted death rates as a result of vermiculite mining operations in Libby, Montana between the 1920s and 1990. (See Action Memorandum Amendment dated June 17, 2009 from the Environmental Protection Agency). Section III of this document entitled THE THREAT POSED BY ASBESTOS AT THE LIBBY SITE IS UNIQUE IN ITS SEVERITY AND SCOPE states: "In conducting this large-scale removal action at Libby, EPA has identified a combination of socioeconomic, atmospheric, and terrain-related factors that have resulted in widespread asbestos contamination, multiple pathways of human exposure to asbestos, and significant cumulative exposures. This combination of factors appears unique to the Libby site and is one of the bases for the Administrator's Determination and Findings of Public Health Emergency." (See also CERTIFICATION OF INDEX OF DOCUMENTS IN THE ADMINISTRATIVE RECORD FOR THE DETERMINATION AND FINDINGS OF PUBLIC HEALTH EMERGENCY FOR THE LIBBY ASBESTOS SITE IN LINCOLN COUNTY, MONTANA for a list of scientific studies that wholly or partially support this position. Twenty-nine studies are listed.

2. Attached as Exhibit B is CDC, NIOSH Work Related Lung Disease (WoRLD) Surveillance System, Table 1-10. "Asbestosis: Counties with highest age-adjusted death rates (per million population), U.S. residents aged 15 and over, 1995-2004." Attached as Exhibit C is CDC, NIOSH, "Work Related Lung Disease (WoRLD) Surveillance System, Table 7-10, Malignant Mesothelioma Counties with the highest age-adjusted death rates (per million population) U.S. residents age 15 and over, 2000-2004." The NIOSH tables present convincing epidemiologic evidence in terms of population-based national disease surveillance that Lincoln County Montana has the #1 rate for asbestosis in the US and the #3 rate for mesothelioma. These rate comparisons provided by NIOSH are powerful and persuasive evidence of the long-term lethal effect of asbestos exposure in Libby and Lincoln County, Montana. The NIOSH mortality rates provide better epidemiologic evidence than fiber potency calculations, because if exposure to asbestos contaminated vermiculite did not cause these rates, then what did?

¹ Attached as Exhibit A.

The Libby area is an occupational and endemic disease site where medical surveillance and descriptive epidemiology allow us to measure risks – and the risks of these two diseases in the population of Libby, Montana are terribly high in comparison to the rest of the nation.

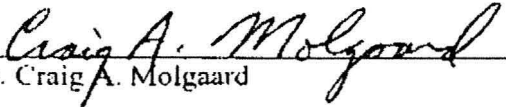
In terms of surveillance of disease patterns, this is the best evidence one could have that there is an association between asbestos exposure and asbestosis and mesothelioma. The Lincoln County mortality rates demonstrate an extremely high excess from these two diseases compared to the vast majority of other counties in the United States. The Lincoln County age-adjusted death rate for asbestosis is 18% higher than that of the next highest county, and is 40 times higher than the overall United State rate. That 18.2% of the deaths were females indicates disease from non-occupational exposure is consistent with the findings in the Whitehouse report.

3. Experimental epidemiologic studies per se can not be carried out in Libby, Montana because it would be unethical to randomize subjects to a condition of asbestos exposure, especially given the extreme lethality of the asbestos from the Libby site.

In the absence of experimental epidemiology studies per se, we can rely on studies from analytic epidemiology that have been carried out in the Libby population, such as those that are considered cross-sectional in design (Peipins et. al 2003) or retrospective case control (Noonan et. al 2006). These can be combined with other studies in the conceptual model known as Ecoepidemiology to assess etiological events in Libby. This is a form of study defined by Last (A Dictionary of Epidemiology, Fourth Edition, International Epidemiology Association, Oxford University Press 2001) as: “In the early 1980s this term was applied to ecological influences on human health, whether related to environmental toxins or biological interactions such as life cycles of parasites. Susser applies the term to a conceptual approach that unifies molecular, social, and population-based epidemiology, in a multilevel application of methods aimed at identifying causes, categorizing risks, and controlling public health problems.” This is the public health methodology used by the EPA in the documents cited in item 1 above.

The etiological impact of asbestos exposure in Lincoln County, Montana, is without epidemiologic doubt.

DATED this 10th day of July, 2009.


Dr. Craig A. Molgaard